STATEmmaPROSPECTIVE20060620.DOC

MEDICARE MODERNIZATION ACT (MMA) STATE FILE SPECIFICATIONS AND DATA DICTIONARY

JUNE, 2006

Technical Instructions for Submitting State Data for Medicare Modernization Act (MMA) Provisions

State Monthly MMA File Submission Requirements

CMS data collection needs from the states for MMA implementation will be met by a single monthly file submittal. This file will address the following program needs:

Dual Eligible Enrollment
The file will include all Medicare/Medicaid dual eligibles in the state (full benefit as well as QMB, SLMB, and QI), and will allow CMS to establish the low-income-subsidy status of dual eligibles, and to perform auto-assignment of individuals to Medicare Part D plans. THIS FILE WILL ALSO BE MODIFIED, EFFECTIVE AUGUST 2006, TO INCLUDE INDIVIDUALS IN STATE MEDICAID PROGRAMS WHO ARE NOT KNOWN TO BE FULL DUAL ELIGIBLES, BUT ARE MEDICAID ELIGIBLES APPROACHING AN AGE OR DISABILITY STATUS THAT IS LIKELY TO LEAD TO A FUTURE DETERMINATION OF FULL DUAL ELIGIBILITY.

Phased Down State Calculation
The file will be used to count the number of enrollees for the phased-down state contribution payment.

State Applications
The file will also include records for those individuals for whom the state has made an enrollment determination for the Part D low income subsidy, and is used to convey information on that subsidy determination to CMS. This file must include a record for each Medicare Part D low income subsidy application processed by the state. For states that have no low income subsidy applications processed for the month, the file will include no records with the application fields populated.

This specification document defines the process for this file submittal process in the following sections:

1. State Enrollment File Specifications
2. Enrollment Return File Specifications

The monthly State Enrollment File will be transferred using Connect:Direct electronic file transfer. This file transfer medium and naming convention is the same as that used for the Medicare Drug Card File transfer. The Enrollment Return File from CMS will be transferred to the State using the same Connect:Direct medium.

Refer technical support questions regarding file specifications or the submittal process to our technical assistance mailbox at:

StateMMAdatafeed@cms.hhs.gov

File transmission issues should also be sent to MBDUser@cms.hhs.gov and called to 1 800-924-4736

This file must include a person-month record for each Medicare/Medicaid dual eligible actively enrolled in the state Medicaid program for the reporting month. This includes those eligible for Medicare and comprehensive Medicaid benefits (whether eligible through the state plan or a section 1115 demonstration), as well as those for whom the State pays Medicare cost sharing (QMB, SLMB, and QI). The file will also include a record for each individual for whom the state has made an eligibility determination for Medicare Part D low income subsidy. **Effective August, 2006, this file will also include records for individuals not yet known to be full dual eligibles, but who are approaching an age or disability status that is likely to lead to a future determination of full dual eligibility (see section on Prospective Dual Eligibles).** The Record Identifier field in the detail record will identify if the record is an enrollment detail record ("DET") for a known dual eligible ("DET"), a prospective full dual ("PRO") or a low-income subsidy determination ("LIS") record. Medically-needy and other spend-down individuals who have not met their incurred liability for the month and are in inactive enrollment status for the reporting month are not to be included.

Note that the data fields populated for this file will differ for records representing dual eligible enrollment and low income subsidy application determinations. The application determination data fields at the end of this record will be filled with a default value for the dual eligible enrollment records, as specified in the detailed field specifications.

Prospective Full Dual Eligibles
One of the concerns related to the monthly MMA reporting cycle is the effect on Medicaid-only individuals who transition to dual eligible status and the difficulty in ensuring a seamless transition in drug coverage. Effective August, 2006 States are to include individuals on the monthly file who may not be known full dual eligibles, but are:
- **Medicaid eligibles age 64 and 7 months or older in the reporting month., or**
- **likely to reach the end of their Medicare 24-month disability waiting period. There are different options for identifying these individuals:**
  - **Limit to Medicaid disabled between 21-64**
  - **Use CMS' "finder file monthly batch file process," which provides information related to prospective Medicare eligibility**
  - **Match to Title II (which includes SSDI cash benefits) data sent separately by SSA to states. [Individuals who qualify for Medicare based on disability have a 24-month waiting period for Medicare benefits, but only a five-month waiting period for SSDI cash benefits.]**

Only submit prospective records for individuals with full Medicaid benefits; i.e., individuals who, if they have Medicare coverage, would be FULL dual eligibles. DO not include individuals who would only represent PARTIAL dual eligibles; i.e., QMB-only, SLMB-only, or QI s. In the DUAL STATUS CODE field in the PRO record, include a dual eligible code for full dual eligible status which best describes the dual status assuming that individual is Medicare eligible; i.e., codes 02-QMB plus, 04-SLMB plus, or 08-Other.

These records are reported on the file with a Record Identifier code of "PRO" (for prospective dual eligible) and are REPORTED ONLY BASED ON CURRENT MONTH ELIGIBILITY (i.e.; Do not include retroactive or prospective eligibility months). Based on this coding, these records will be subjected to special processing. This processing will bypass counting for the phased-down State contribution but will allow us to prospectively auto-enroll these individuals and to establish an appropriate Part D low-income subsidy level. These records will also be excluded from the file acceptance threshold for a 90-percent Medicare match rate.

The information on Medicare status (for Medicare Parts A, B, and D) will be returned to the State in the normal response file format. For records which do not match Medicare records, the Medicare enrollment information will be blank. For records having current Medicare enrollment all available enrollment information will be returned on the response file, including any prospective enrollment dates derived from the SSA prospective enrollment information. Submittal of monthly records for these individuals in subsequent months will allow us to return the updated plan enrollment and subsidy information to the State on subsequent return files. NOTE that Medicare enrollment systems can only return auto-enrollment information for prospective periods two months prior to the enrollment effective date.

Once an individual is identified as a prospective full dual, the person should be submitted with a Record Identifier of "DET" in the first month Medicare eligibility is effective. If an individual is identified on the response file as having current or retroactive Medicare coverage, submit retroactive "DET" records covering the missed months of dual eligibility status. Full duals submitted as "DET" records should not be submitted as "PRO" records for the same eligibility month.

File Timing and Content
Each month's enrollment file is created no earlier than the 15th and received at CMS between the 15th and the 25th of the enrollment month. HOWEVER, CMS WILL CONTINUE TO ACCEPT FILES RECEIVED BY THE END OF THE ENROLLMENT MONTH. RECEIPT BY THE 25TH OF EACH MONTH IS STRONGLY RECOMMENDED TO ALLOW FOR RESUBMITTAL OF FILES THAT HAVE TRANSMISSION OR SPECIFICATION ISSUES.

This monthly file submittal will include all enrollment accretions and updates to state enrollment through the file creation date. The monthly file submittal will also include all state applications for Part D enrollment processed through the file creation date. Any accretions or updates after the creation date for the last accepted state file will be included in the subsequent month's file submittal.

Once a file has been accepted, any subsequent submission in the same month will be rejected. Replacement submittals of files that are rejected based on data quality validation must be received by CMS by the last day of the month. If no file is successfully submitted for the month, CMS will project enrollment from the prior month's file and apply retroactive updates based on subsequent months' submittals for the purpose of the phasedown calculation.

This file will include one record for each actively enrolled (or potential prospective) dual eligible for the current reporting month. Each month's submittal is a complete monthly dual eligible enrollment file; i.e., NOT a file including only file accretions and deletions. Additionally, the file will include a full person-month record to report information on changes in the circumstances for individuals that were effective in a prior month. These records are referred to as "retroactive" records and will be identified in the monthly file by the effective month and year to which the retroactive record data are to be applied. Illustrative examples of possible situations that would lead to retroactive changes include:

1. an individual not previously reported who was determined by the state to be retroactively eligible three months prior to the reporting month,
2. an individual having a change in dual status code two months prior to the reporting month, but for whom the state was not aware of the change until the reporting month.
3. an individual who was previously reported eligible who is deceased or ineligible for another reason.

In each of these cases, the state file will include a complete person-month record for that individual for the current month, and a second (or more, as needed) record providing a replacement record for the effective month and year of the change. For example, in the April 2006 reporting month file due by April 30, a dual eligible that became retroactively eligible in January 2006 would have to have a full, complete record for each month of eligibility through the reporting month i.e., 4 records (January-April 2006). Since this is a replacement record, the record will include data in all required fields; not just those fields that have changed. A person who was reported eligible for March but was discovered in April to be deceased during the full month of March would have a change record for March showing an eligibility status of ineligible (coded value of "N") for the March enrollment month.

CMS has requested that no retroactive record before June 2005 be submitted.

Selection Criteria for the Reporting Necessary for the State Phasedown Contribution Calculation

The Enrollment File will include all dual eligibles including full-benefit dual eligibles who are eligible for comprehensive benefits under the state plan or section 1115 demonstration, and those dual eligibles for which the state is providing only Medicare premium or limited coinsurance or deductible payments. One of the purposes for which the state's monthly MMA file submission will be used is to calculate the state's phasedown contribution payment. The phasedown process requires a monthly count of all full benefit dual eligibles with active Part D plan enrollment in the month. CMS will make this selection of records using dual eligibility status codes contained in the person-month record to identify all full-benefit dual eligibles (codes 02, 04 and 08 as described in the data dictionary).

SPECIAL USER TIPS

We have received feedback indicating confusion regarding the definition or interpretation of a number of fields, and hope to clarify just a few of the following:

Fields submitted by the State on monthly MMA File:

• <u>BENE BIRTH DT</u> (beneficiary date of birth)
- Key field used to corroborate match between State incoming beneficiary record to CMS' MBD (Master Beneficiary Database), which receives this date from the Social Security Administration's MBR (Master Beneficiary Record)
- **MATCHING Criteria is based on the following algorithm:**
  o SSN--5.0 points
  o BENE CAN Number (1st 9 positions of HIC)------3.5 points
  o BENE BIC CODE-------------------------------------- 1.2 points
  o BENE DOB YY---------------------------------------3.25 points
  o BENE DOB MM--3.0 points
  o BENE DOB DD---------------------------------------2.25 points
  o GENDER --2.5 points
     Note: The first attempt is made with the HICN/DOB/Gender and the second attempt is made with SSN/DOB/Gender.
  A score of 12.25 must be attained for a record to be successfully matched.

• <u>INSTITUTIONAL STATUS IND</u>
  (Indicator of nursing facility, ICFMR or inpatient psychiatric hospital)
- Values are 'Y' or 'N' – A value of 'Y' indicates that the individual was enrolled in a Medicaid paid institution for the full reporting month, or is projected by the state to remain in the institution for the remainder of the month.

- This is a key field in establishing correct beneficiary copays. As operational issues associated with copay have evolved, we now need to ensure that States submit not only accurate current-month institutional status, but **retroactive records** reflecting institutional status changes in prior months. This is necessary to ensure that there is closure on the Part D plan's responsibility for copay amounts during the span of coverage. We ask that States submit retroactive records in their files to cover any unreported past changes in institutional status. For example, if a State has reported an individual for the first time as having institutional status in February, even though the first full month in the institution was January, we need a retroactive enrollment record showing this update

Fields Received by the State on monthly MMA Response File:

• <u>MEDICARE PART D FINDER CODE</u>

 (Part D Payment Switch or MARx Payment Switch)
- Value will be '0' for dual eligibles who are enrolled in a Part D plan during eligibility month/year
- Value will be '1' for dual eligibles who are not enrolled in a Part D Plan during eligibility month/year
- As of the March Response Files, rare occurrences have been observed whereby the Finder Code is set to "1" (not enrolled) yet a beneficiary is enrolled in an MA PD (H Plan # can be found as an MA PD on the latest Spreadsheet of Part D plans) receiving Part D benefits- this situation will be corrected promptly and only affects information in the response file, not the beneficiary's actual benefit
- PACE programs and Demonstrations had not been required to submit individual PBP data prior to onset of PART D, thus for beneficiaries enrolled in either type of program, this indicator was erroneously set to a '1', although beneficiary had Part D drug coverage. Situation will be ameliorated as of 03/2006, with PACE and Demonstration programs submitting PART D identifiable PBP information to the MARx enrollment system and allowing correct Part D enrollment information to be shared.

• <u>GROUP HEALTH ORGANIZATION: GHO (10 OCCURRENCES)</u>
<u>(Prior to the onset of Part D benefits, this part of this part of the record only contained Part C MA Organizations</u>

 (This area of the response file contains both Medicare Advantage Plans, PACE and Demo Enrollments offering and not offering Part D drug benefits. The information represents the overall contract/organization within which a beneficiary may have a choice of plans (PBPs). If a rollover from a non drug covering plan into one that did occurs, the enrollment effective date of the GHO/GHP would not change but the enrollment periods of the effected PBPs would be updated)
- The first occurrence is the active (current or future) or most recent Medicare Group Health Organization coverage (i.e. plan enrollment). Presently, this section is populated with Medicare Part C and Medicare Part D Organizations enrollments. The organizations can be distinguished by the first position of 'BENE GHO CNTRCT NUM':
 o H# is for local MA and MA-PDs; PACE, Cost Plans, and Demos
 o S# is for STAND ALONE PDP'S
 o R# is for Regional MA and MA-PDs

- o [9 in the first position may denote a Demo Plan; or a Chronic Care Improvement Pilot]
- o E# -- Starting with contract year 2007, a contract number starting with E indicates an employer sponsored prescription drug plan.

• <u>MBD PLAN BENEFIT PACKAGE ELECTION (10 OCCURRENCES)</u>

(This area of the response file describes the various PBP (plan) enrollments within the given GHO periods mentioned above)
- The most active plan enrollment will reside in occurrence 1, followed by historical enrollments.
- Presently, this section is populated with Medicare Part C offering no drug overage as well as offering drug coverage and Part D standalone plans
- It is possible for a beneficiary to have two open enrollment periods, one signifying a managed care plan offering no drug coverage and a PDP standalone. In that case, the GHP contract numbers will be different.
- Updated list of values for the
   MBD PBP CVRG TYPE CD:
      NF=pay bill option was not found for the contract
      3 =CCP   - COORDINATED CARE PLAN
      5 = PFFS   - PRIVATE FEE FOR SERVICE
      6 = PACE   - PACE PGM OF ALL INCLSVE CARE FOR THE ELDERLY
      8 =DEMO   - DEMONSTRATION
      9 = FFS   - FEE FOR SERVICE
      10 = Cost/HCPP -COST/HEALTH CARE PREPAYMENT PLAN
      11=PDP   - Part D Drug Plan ELECTION

• <u>PART D PLAN BENEFIT PACKAGE (10 Occurrences)</u>

(This portion of the record will list the Part D Plans which also trigger the MEDICARE PART D FINDER CODE to reflect a '0', denoting   "Part D Enrollment found"

(This area of the response file describes the various PBP (plan) enrollments within the given PDP only periods)
- The most active plan enrollment will reside in occurrence 1, followed by historical enrollments.
- **Presently, this section is populated with Medicare Part C offering drug coverage as well as Part D standalone plans**
- It is possible for a beneficiary to have two open enrollment periods, one signifying a managed care plan offering no drug coverage and a PDP standalone. In that case, the GHP contract numbers will be different.
- Updated list of values coverage type code:

-Values for Enrollment Type Code:
      A - Beneficiary was auto-enrolled thru CMS (full duals)
      B - Beneficiary elected plan (overrides auto enrolled plan)
      C - Facilitated enrollment: CMS facilitates enrollment of partial duals

into a PDP (eff. 3/2006)
D - System (plan's) generated enrollment: the beneficiary is in a plan and either the contract or PBP # is changing and they are rolled over automatically into the new number. This usually occurs at the end of the calendar year (which coincides with contract year), when contracts/plans may transition to new numbers.

File and Record Specifications

Data Types:

9(x) = Numeric characters; where "9" indicates a numeric data type and "x" is the field length

X(x) = Alphanumeric characters with field length (x)

DATES = ALL DATES WILL BE IN MMDDCCYY FORMAT (month, day, century, year)

NOTE: Entries of numeric data fields will be right-justified within the field and entries alphanumeric data fields will be left-justified within the field.

File Format:

File naming standard – P#DDP.#DDP3.CMS.IN.ELIGIBLE.ss

Where "ss" represents the FIPS State abbreviation, see table below:

Mainframe EBCDIC file format, FB
Record Lengths:
HEADER LRECL= 180, (40 + 140 space filled),
DETAIL LRECL=180,
TRAILER LRECL=180, (40 + 140 space filled).

-Where "FB" = Fixed Block, and "LRECL" = Record Length

STATE CODE ABRREVIATIONS TABLE

State Code - Valid Code

State	Code	State	Code
Alabama	AL	Missouri	MO
Alaska	AK	Montana	MT
Arizona	AZ	Nebraska	NE
Arkansas	AR	Nevada	NV
California	CA	New Hampshire	NH
Colorado	CO	New Jersey	NJ
Connecticut	CT	New Mexico	NM
Delaware	DE	New York	NY
District of		North Carolina	NC
Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN

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Kentucky          KY     Texas             TX
Louisiana         LA     Utah              UT
Maine             ME     Vermont           VT
Maryland          MD     Virginia          VA
Massachusetts     MA     Washington        WA
Michigan          MI     West Virginia     WV
Minnesota         MN     Wisconsin         WI
Mississippi       MS     Wyoming           WY
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ENROLLMENT FILE TO CMS

Header Record Physical Layout

FIELD NAME	FORMAT	<------POSITION------>	
		START	END
RECORD IDENT CODE	X(03)	001	003
STATE CODE	X(02)	004	005
CREATE MONTH	9(02)	006	007
CREATE YEAR	9(04)	008	011
FILLER	X(169)	012	180

ENROLLMENT FILE TO CMS

Header Record Data Element Specifications

DATA ELEMENT NAME   **SPECIFICATIONS**

DATA ELEMENT NAME	SPECIFICATIONS
RECORD IDENT CODE	Always contains value of "MMA"
STATE CODE	**State Code - Valid Code** Alabama AL Missouri MO Alaska AK Montana MT Arizona AZ Nebraska NE Arkansas AR Nevada NV California CA New Hampshire NH Colorado CO New Jersey NJ Connecticut CT New Mexico NM Delaware DE New York NY District of North Carolina NC Columbia DC North Dakota ND Florida FL Ohio OH Georgia GA Oklahoma OK Hawaii HI Oregon OR Idaho ID Pennsylvania PA Illinois IL Rhode Island RI Indiana IN South Carolina SC Iowa IA South Dakota SD Kansas KS Tennessee TN Kentucky KY Texas TX Louisiana LA Utah UT Maine ME Vermont VT Maryland MD Virginia VA Massachusetts MA Washington WA Michigan MI West Virginia WV Minnesota MN Wisconsin WI Mississippi MS Wyoming WY
CREATE MONTH	Month Code for Current Month – Valid Values (01 – 12)Calendar Month equals Month the file is created (e.g. January=01, December=12)
CREATE YEAR	Year Code for Current Year – i.e. 2006 Current Year equals Calendar Year the file is created

ENROLLMENT FILE TO CMS

State Enrollment File Record Layout

FIELD NAME	FORMAT	<------POSITION------> START	END
RECORD IDENT CODE	X(03)	001	003
ELIGIBILITY MONTH/YEAR	9(06)	004	009
ELIGIBILITY STATUS	X(01)	010	010
HIC/RRB	X(15)	011	025
HIC-RRB IND	X(01)	026	026
SOCIAL SECURITY NUM	9(09)	027	035
SMA IDENTIFIER	X(20)	036	055
FIRST NAME	X(12)	056	067
LAST NAME	X(20)	068	087
MIDDLE NAME	X(15)	088	102
SUFFIX NAME	X(04)	103	106
SEX	X(01)	107	107
DATE OF BIRTH	9(08)	108	115
DUAL STATUS CODE	9(02)	116	117
FPL % IND	9(01)	118	118
DRUG COVERAGE IND	9(01)	119	119
INSTITUTIONAL STATUS IND	X(01)	120	120

NOTE: The following fields are based on Part D Subsidy applications processed by the state

FIELD NAME	FORMAT	START	END
PART D SUBSIDY APPRVD	X(01)	121	121
PART D SUBSIDY APPRVD DATE	9(08)	122	129
PART D SUBSIDY START DATE	9(08)	130	137
PART D SUBSIDY END DATE	9(08)	138	145
PART D % OF FPL	9(03)	146	148
PART D SUBSIDY LEVEL	9(03)	149	151
INCOME USED FOR DETERMINATION	X(01)	152	152
RESOURCE LEVEL	X(01)	153	153
BASIS OF PART D SUBSIDY DENIAL	X(01)	154	154
RESULT OF AN APPEAL	X(01)	155	155
CHANGE TO PREVIOUS DETERMINATION	X(01)	156	156
DETERMINATION CANCLD	X(01)	157	157
FILLER	X(23)	158	180

ENROLLMENT FILE TO CMS

State Enrollment Record Data Element Specifications

DATA ELEMENT NAME	SPECIFICATIONS
RECORD IDENT CODE	Identifies record transaction type. Code as "DET" for an enrollment detail record, "PRO" for a prospective Dual Eligible records, and "LIS" is for a low-income subsidy determination. Each record type requires completion of different fields. Whether a field is required for each record type is indicated in the Record-Type = DET or LIS indication in the field specifications. PRO records require the same fields as DET records. For fields not applicable for the record type specified, code the field with the appropriate default or unknown value (e.g., "9" fill)
ELIGIBILITY MONTH/YEAR	RECORD TYPE – DET Format :MMCCYY Calendar Month/Year Code for applicable Medicaid eligibility (e.g.012006). Valid Month Values: 01 – 12 (e.g. January=01, December=12.) OR 999999 for a LIS record For retroactive enrollment records use effective month of the changes for each record. Retroactive changes must be submitted to reflect prior-month changes in one or more of the following fields: - ELIGIBILITY STATUS - HIC/RRB - HIC-RRB IND - SOCIAL SECURITY NUM - SEX - DATE OF BIRTH - DUAL STATUS CODE - FPL % IND - INSTITUTIONAL STATUS IND Retro active records must include replacement values for ALL fields for that record; NOT just the field(s) that have changed
ELIGIBILITY STATUS	RECORD TYPE – DET Indicator of beneficiary's Medicaid eligibility for that person-month – Valid values "Y" (yes) or "N" (no) or "9" for a LIS record
HIC/RRB	RECORD TYPE – DET and LIS Either the Health Insurance Claim Number (HIC) or the Railroad Retirement Board Number (RRB),

	whichever the state has active and available for the beneficiary. (NOTE: Alphanumeric Field – LEFT JUSTIFIED)
HIC-RRB IND	RECORD TYPE – DET and LIS Indicator for HIC or RRB – Valid Values: "R" for RRB and "H" for HIC This field is not used by CMS.
SOCIAL SECURITY NUM	RECORD TYPE – DET and LIS Beneficiary's own Social Security Number
SMA IDENTIFIER	RECORD TYPE – Optional for any record type State Medicaid Agency Enrollee Identifier for the beneficiary – For use by state in associating records on Enrollment Return File.
FIRST NAME	RECORD TYPE – DET and LIS Beneficiary First Name (First 12 letters)
LAST NAME	RECORD TYPE – DET and LIS Beneficiary Last Name (First 20 letters)
MIDDLE NAME	RECORD TYPE – DET and LIS Beneficiary Middle Name (First 15 letters)
SUFFIX NAME	RECORD TYPE – DET and LIS Beneficiary Suffix Name (First 4 letters)e.g., JR, III
SEX	RECORD TYPE – DET and LIS Beneficiary Gender – Sex code values F=Female, M=Male, 9=Unknown
DATE OF BIRTH	RECORD TYPE – DET and LIS MMDDCCYY: Month,day,century and year of Beneficiary Birth, (e.g. 05051935). If unknown = '99999999' NOTE: if unknown is submitted the record will be unmatched
DUAL STATUS CODE	RECORD TYPE – DET 01 = Eligible is entitled to Medicare- QMB only 02 = Eligible is entitled to Medicare- QMB AND Full Medicaid coverage 03 = Eligible is entitled to Medicare-SLMB only 04 = Eligible is entitled to Medicare- SLMB AND Full Medicaid coverage 05 = Eligible is entitled to Medicare- QDWI 06 = Eligible is entitled to Medicare- Qualifying individuals 08 = Eligible is entitled to Medicare- Other Full Dual Eligibles (Non QMB, SLMB,QWDI or QI)with Full Medicaid coverage 09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage, includes Pharmacy Plus and 1115 drug-only demonstration. If unknown = 99. NOTE: For prospective enrollment (PRO) records, include a dual eligible code for full dual eligible status which best describes the dual status assuming that individual is Medicare eligible; i.e., codes 02-QMB plus, 04-SLMB plus, or 08-Other.
FPL % IND	RECORD TYPE – DET Federal Poverty Level Indicator. Values: 1=at

	or below 100% FPL, 2=above 100% FPL. FPL is determined using the individual state's income rules. If unknown = 9. Include income based on the eligibility intake system, but do not derive this field from the Dual Status Code. If it is necessary to replace unknown FPL % IND values, CMS will derive the value using consistent rules.
DRUG COVERAGE IND	RECORD TYPE – DET This field is not used by CMS. Effective January 2006, code this field as 9. For months prior to January 2006 the values submitted were: 0=no drug coverage by Medicaid; 1= Medicaid drug coverage. If unknown = 9.
INSTITUTIONAL STATUS IND	RECORD TYPE – DET Indicator of NURSING FACILITY, INTERMEDIATE CARE FACILITY/MENTALLY RETARDED or INPATIENT PSYCHIATRIC HOSPITAL: Values "Y" or "N". If unknown = "9". Code this field as "Y" (yes) only when the individual is institutionalized for the entire span of eligibility for the month.
LOW-INCOME SUBSIDY DETERMINATION HISTORY SECTION	THE FOLLOWING FIELDS RELATE TO THE LOW INCOME SUBSIDY DETERMINATIONS. FOR RECORDS THAT ARE DUAL ENROLLMENT RECORDS (DET),ALL THE FOLLOWING FIELDS SHOULD BE DEFAULTED TO 9-FILLED VALUES
PART D SUBSIDY APPLICATION APPROVAL CODE	RECORD TYPE – LIS Identifies whether application was approved or not. Approved code values Y=yes, N=no , N/A=9
PART D SUBSIDY APPROVED/DISAPPROVED DATE	RECORD TYPE – LIS Approved date MMDDCCYY. N/A='99999999' if unknown.
PART D SUBSIDY START DATE	RECORD TYPE – LIS Subsidy Start Date MMDDCCYY. N/A= '99999999'. May not be earlier than 01/01/2006. Must be first day of the month in which application received by state.

PART D % OF FPL	RECORD TYPE – LIS For those individuals who apply for the low income subsidy, identify the specific percent of Federal Poverty Level, as defined by Federal LIS income determination policy. Do not fill this out for those individuals who receive any Medicaid benefits, including payment of Medicare cost-sharing obligations. N/A='999'.
PART D SUBSIDY LEVEL	RECORD TYPE – LIS Identifies portion of Part D premium subsidized, based on sliding scale linked to %FPL. If person is under 135% FPL, enter 100. If person is 136-140% FPL, enter 075. If person is 141-145% FPL, enter 050. If person is 146-149% FPL, enter 025. If person has 150% FPL, enter 000. N/A='999'.
INCOME USED FOR DETERMINATION	RECORD TYPE – LIS Income Used Indicator 1=Individual, 2=Couple N/A='9'
RESOURCE LEVEL	RECORD TYPE – LIS Resource Level 1=over limit, 2=under limit N/A='9'.
BASIS OF PART D SUBSIDY DENIAL	RECORD TYPE – LIS Denial codes 1=NAB (Not enrolled in Medicare Part A or B), 2=NUS (Does not reside in the USA), 3=FTC (Failure to Cooperate), 4=RES (Resources too High), 5=INC (Income too High). 9 = N/A
RESULT OF AN APPEAL	RECORD TYPE – LIS Appeal Result Y=yes, N=no (Only populated if appeal is filed). N/A='9'.
CHANGE TO PREVIOUS DETERMINATION	RECORD TYPE – LIS Change to Previous Determination Indicator Y=yes, N=no. Enter Y if this record changes a determination sent in a previous transmission. Default is N. N/A='9'.
DETERMINATION CANCELLED	RECORD TYPE – LIS Cancelled Indicator Y=yes, N=no. Default is N. Enter Y if this record cancels previous record sent. N/A='9'.

ENROLLMENT FILE TO CMS

State Trailer Physical Record Layout

FIELD NAME	FORMAT	<------POSITION------>	
		START	END
RECORD IDENT CODE X(03)	001		003
BENE RECORD COUNT	9(08)	004	011
STATE CODE	X(02)	012	013
CREATE MONTH	9(02)	014	015
CREATE YEAR	9(04)	016	019
FILLER	X(161)	020	180

ENROLLMENT FILE TO CMS

Trailer Record Data Element Specifications

DATA ELEMENT NAME   **SPECIFICATIONS**

RECORD IDENT CODE	Identifies Record as Trailer always = 'TRL"
BENE RECORD COUNT	Total number of records on the file

STATE CODE	**State Code - Valid Code**			
	Alabama	AL	Missouri	MO
	Alaska	AK	Montana	MT
	Arizona	AZ	Nebraska	NE
	Arkansas	AR	Nevada	NV
	California	CA	New Hampshire	NH
	Colorado	CO	New Jersey	NJ
	Connecticut	CT	New Mexico	NM
	Delaware	DE	New York	NY
	District of		North Carolina	NC
	Columbia	DC	North Dakota	ND
	Florida	FL	Ohio	OH
	Georgia	GA	Oklahoma	OK
	Hawaii	HI	Oregon	OR
	Idaho	ID	Pennsylvania	PA
	Illinois	IL	Rhode Island	RI
	Indiana	IN	South Carolina	SC
	Iowa	IA	South Dakota	SD
	Kansas	KS	Tennessee	TN
	Kentucky	KY	Texas	TX
	Louisiana	LA	Utah	UT
	Maine	ME	Vermont	VT
	Maryland	MD	Virginia	VA
	Massachusetts	MA	Washington	WA
	Michigan	MI	West Virginia	WV
	Minnesota	MN	Wisconsin	WI
	Mississippi	MS	Wyoming	WY
CREATE MONTH	Month Code for Current Month – Valid Values (01 – 12)Calendar Month equals Month the file is created (e.g. January=01, December=12			
CREATE YEAR	Year Code for Current Year – i.e. 2006 Current Year equals Calendar Year the file is created			

Section 2. Enrollment Return File Specifications

This file will be automatically returned to the state through the Connect:Direct file transfer process upon the successful processing of a State Enrollment File. There may be a delay in sending the response file based upon other scheduling issues.

The return data set name will be the same data set name that was used to return the Drug Card Return File, unless the state notifies CMS of an alternative name. This will ensure that CMS returns a file that complies with state system data set naming conventions. States that prefer to differentiate by the use of a different data set name must provide that name to CMS at least 2 weeks prior to Enrollment File submittal. . Please forward requests for data set name changes to the following e-mail address and include "Request for MMA Dataset Name Change" in your Subject Line:

StateMMAdatafeed@cms.hhs.gov

Note that this file will have a much longer record length than the return file for the Drug Card File. The content of this file will include the following:

1. Header Record with identifying information, record count summaries, and a copy of the incoming header record
2. Detail Record
    a. Copy of the incoming state detail record
    b. Series of edit error return codes
    c. Large section of data from the Medicare Beneficiary Database including enrollment and plan information
3. File summary including record validation and matching outcomes
4. Summary enrollment count record by month for each month of enrollment information on the incoming file, and
5. Trailer Record with identifying information and a copy of the incoming trailer record.

Each Section is identified by a Record-Identifier code in the first three positions of the record. The physical record layouts and field descriptions for these sections are provided below.

Header Record Physical Layout

FIELD NAME	FORMAT	<------POSITION------>	
		START	END
RECORD IDENT CODE	X(03)	0001	0003
FILE PROCESS TIMESTAMP	X(26)	0004	0029
FILE ACCEPT IND	X(01)	0030	0030
FILLER	X(01)	0031	0031
RECORDS TOTAL	9(08)	0032	0039
RECORDS DUPLICATE	9(08)	0040	0047
RECORDS NONDUP	9(08)	0048	0055
RECORDS VALID	9(08)	0056	0063
RECORDS INVALID	9(08)	0064	0071
RECORDS MATCHED	9(08)	0072	0079
RECORDS NOT MATCHED	9(08)	0080	0087
FILE CREATE MONTH	9(02)	0088	0089
FILE CREATE YEAR	9(04)	0090	0093
FILLER	X(22)	0094	0115

*********ORIG STATE HEADER REC 180 characters ****************************

FIELD NAME	FORMAT	START	END
RECORD IDENT CODE	X(03)	0116	0118
STATE CODE	X(02)	0119	0120
CREATE MONTH	9(02)	0121	0122
CREATE YEAR	9(04)	0123	0126
FILLER	X(169)	0127	0295

*********REMAINDER OF RECORD**

FIELD NAME	FORMAT	START	END
FILLER	X(2666)	0296	2961

Person-Level Detail Record Physical Layout

FIELD NAME	FORMAT	START	END

FIELD NAME   **FORMAT**   <------POSITION------>
   START   **END**

******ORIGINAL RECORD SUBMITTED BY STATE****************************

FIELD NAME	FORMAT	START	END
RECORD IDENT CODE	X(03)	0001	0003
ELIGIBILITY MONTH/YEAR	9(06)	0004	0009
ELIGIBILITY STATUS	X(01)	0010	0010
HIC/RRB	X(15)	0011	0025
HIC-RRB IND	X(01)	0026	0026
SOCIAL SECURITY NUM	9(09)	0027	0035
SMA IDENTIFIER	X(20)	0036	0055
FIRST NAME	X(12)	0056	0067
LAST NAME	X(20)	0068	0087
MIDDLE NAME	X(15)	0088	0102
SUFFIX NAME	X(04)	0103	0106
SEX	X(01)	0107	0107
DATE OF BIRTH	9(08)	0108	0115
DUAL STATUS CODE	9(02)	0116	0117
FPL % IND	9(01)	0118	0118
DRUG COVERAGE IND	9(01)	0119	0119
INSTITUTIONAL STATUS IND	X(01)	0120	0120
PART D SUBSIDY APPLICATION APPROVAL CODE	X(01)	0121	0121
PART D SUBSIDY APPRVD/DISAPPRVD DATE	9(08)	0122	0129
PART D SUBSIDY START DATE	9(08)	0130	0137
PART D SUBSIDY END DATE	9(08)	0138	0145
PART D % OF FPL	9(03)	0146	0148
PART D SUBSIDY LEVEL	9(03)	0149	0151
INCOME USED FOR DETERMINATION	X(01)	0152	0152
RESOURCE LEVEL	X(01)	0153	0153
BASIS OF PART D SUBSIDY DENIAL	X(01)	0154	0154
RESULT OF AN APPEAL	X(01)	0155	0155
CHANGE TO PREVIOUS DETERMINATION	X(01)	0156	0156
DETERMINATION CANCLD	X(01)	0157	0157
FILLER	X(23)	0158	0180

Person-Level Detail Record Physical Layout

FIELD NAME	FORMAT	<------POSITION------>	
		START	END

*********** ERROR RETURN CODES (ERC) ***

FIELD NAME	FORMAT	START	END
RECORD IDENT CODEERC	X(02)	0181	0182
ELIGIBILITY MONTH/YEAR ERC	X(02)	0183	0184
ELIGIBILITY STATUS ERC	X(02)	0185	0186
HIC/RRB ERC	X(02)	0187	0188
HIC-RRB IND ERC	X(02)	0189	0190
SOCIAL SECURITY NUM ERC	X(02)	0191	0192
SEX ERC	X(02)	0193	0194
DATE OF BIRTH ERC	X(02)	0195	0196
DUAL STATUS CODE ERC	X(02)	0197	0198
FPL % IND ERC	X(02)	0199	0200
DRUG COVERAGE IND ERC	X(02)	0201	0202
INSTITUTIONAL STATUS IND ERC	X(02)	0203	0204
PART D SUBSIDY APPLICATION APPROVAL CODE ERC	X(02)	0205	0206
PART D SUBSIDY APPRVD/DISAPPRVD DATE ERC	X(02)	0207	0208
PART D SUBSIDY START DATE ERC	X(02)	0209	0210
PART D SUBSIDY END DATE ERC	X(02)	0211	0212
PART D % OF FPL ERC	X(02)	0213	0214
PART D SUBSIDY LEVEL ERC	X(02)	0215	0216
INCOME USED FOR DETERMINATION ERC	X(02)	0217	0218
RESOURCE LEVEL ERC	X(02)	0219	0220
BASIS OF PART D SUBSIDY DENIAL ERC	X(02)	0221	0222
RESULT OF AN APPEAL ERC	X(02)	0223	0224
CHANGE TO PREVIOUS DETERMINATION ERC	X(02)	0225	0226
DETERMINATION CANCLD ERC	X(02)	0227	0228

*************************** CMS MBD FILE *************************************

FIELD NAME	FORMAT	START	END
RECORD RETURN CODE	X(06)	0229	0234
MEDICARE PART A/B FINDER CODE	X(01)	0235	0235
MEDICARE PART D FINDER CODE	X(01)	0236	0236

*** BENEFICIARY IDENTIFICATION ***

FIELD NAME	FORMAT	START	END
BENE CLM ACNT NUM	X(09)	0237	0245
BENE IDENT CD	X(02)	0246	0247
BENE BIRTH DT	9(08)	0248	0255
BENE DEATH DT	9(08)	0256	0263

Person-Level Detail Record Physical Layout

FIELD NAME	FORMAT	<------POSITION------>	
		START	END
BENE SEX IDENT CD	X(01)	0264	0264
BENE GIVN NAME	X(30)	0265	0294
BENE MDL NAME	X(01)	0295	0295
BENE SURN NAME	X(40)	0296	0335
*** CROSS REFERENCE NUMBERS (10 TIMES) ***		0336	0445
XREF BENE CLM ACCT NUM	X(09)		
XREF BENE IDENT CODE	X(02)		
*** SOCIAL SECURITY NUMBERS (5 TIMES) ***		0446	0490
BENE SSN NUM	9(09)		
*** MAILING ADDRESS ***			
MLNG ADDR LINE1	X(40)	0491	0530
MLNG ADDR LINE2	X(40)	0531	0570
MLNG ADDR LINE3	X(40)	0571	0610
MLNG ADDR LINE4	X(40)	0611	0650
MLNG ADDR LINE5	X(40)	0651	0690
MLNG ADDR LINE6	X(40)	0691	0730
MLNG ADDR CITY NAME	X(40)	0731	0770
MLNG ADDR STATE CODE	X(02)	0771	0772
MLNG ADDR ZIP CD	X(09)	0773	0781
MLNG ADDR CHG DT	9(08)	0782	0789
*** RESIDENCE ADDRESS ***			
RSDNC ADDR LINE1	X(40)	0790	0829
RSDNC ADDR LINE2	X(40)	0830	0869
RSDNC ADDR LINE3	X(40)	0870	0909
RSDNC ADDR LINE4	X(40)	0910	0949
RSDNC ADDR LINE5	X(40)	0950	0989
RSDNC ADDR LINE6	X(40)	0990	1029
RSDNC ADDR CITY NAME	X(40)	1030	1069
RSDNC ADDR STATE CODE	X(02)	1070	1071
RSDNC ADDR ZIP CD	X(09)	1072	1080
RSDNC ADDR CHG DT	9(08)	1081	1088
*** REPRESENTATIVE PAYEE ***			
BENE REP PAYEE SW	X(01)	1089	1089
*** NON-ENTITLEMENT STATUS ***			
PRT A NENTLMT STUS CODE	X(01)	1090	1090
PRT B NENTLMT STUS CODE	X(01)	1091	1091
*** ENTITLEMENT REASON (5 TIMES) ***		1092	1151
BENE ENTLMT RSN CD			
CHG DT	9(08)		
BENE ENTLMT RSN CD	X(04)		

Person-Level Detail Record Physical Layout

FIELD NAME	FORMAT	<------POSITION------>	
		START	END

```
*** PART A ENTITLEMENT (5 TIMES) ***              1152        1241
BENE PTA ENTLMT STRT DT          9(08)
BENE PTA ENTLMT END DT           9(08)
BENE PTA ENRLMT RSN CD           X(01)
BENE PTA ENTLMT STUS CD          X(01)


*** PART B ENTITLEMENT (5 TIMES) ***              1242        1331
BENE PTB ENTLMT STRT DT          9(08)
BENE PTB ENTLMT END DT           9(08)
BENE PTB ENRLMT RSN CD           X(01)
BENE PTB ENTLMT STUS CD          X(01)


*** HOSPICE COVERAGE (5 TIMES) ***                1332        1411
BENE HSPC CVRG STRT DT           9(08)
BENE HSPC CVRG END DT            9(08)



*** DISABILITY INSURANCE (3 TIMES) ***            1412        1462
BENE DIB ENTLMT STRT DT          9(08)
BENE DIB ENTLMT END DT           9(08)
BENE DIB ENTLMT DT
JSTFCTN CD                       X(01)

*** GROUP HEALTH ORGANIZATION (10 TIMES) ***      1463        1672
BENE GHO ENRLMT STRT DT          9(08)
BENE GHO ENRLMT END DT           9(08)
BENE GHO CNTRCT NUM              X(05)

*** MBD PLAN BENEFITS PACKAGE ELECTION (10 TIMES) ***
                                                  1673        1962
MBD GHP ENRL EFCTV DT            9(08)
MBD PBP STRT DT                  9(08)
MBD PBP END DT                   9(08)
MBD PBP NUM                      X(03)
MBD PBP CVRG TYPE CD             X(02)

*** END STAGE RENAL DISEASE COVERAGE ***
BENE ESRD CVRG STRT DT           9(08)        1963        1970
BENE ESRD CVRG END DT            9(08)        1971        1978
BENE ESRD TRMNTN RSN CD          X(01)        1979        1979

*** END STAGE RENAL DISEASE DIALYSIS ***
BENE ESRD DLYS STRT DT           9(08)        1980        1987
BENE ESRD DLYS END DT            9(08)        1988        1995

*** END STAGE RENAL DISEASE TRANSPLANT ***
BENE ESRD TRNSPLNT
 STRT DT                         9(08)        1996        2003
BENE ESRD TRNSPLNT
 END DT                          9(08)        2004        2011
```

Person-Level Detail Record Physical Layout

FIELD NAME   FORMAT   <------POSITION------>

		START	END
*** THIRD PARTY PART A HISTORY (5 TIMES) ***		2012	2111
BENE PTA TP STRT DT	9(08)		
BENE PTA TP PRM PYR CD	X(03)		
BENE PTA TP END DT	9(08)		
BENE PTA TP BUYIN			
ELGBLTY CD	X(01)		
*** THIRD PARTY PART B HISTORY (5 TIMES) ***		2112	2211
BENE PTB TP STRT DT	9(08)		
BENE PTB TP PRM PYR CD	X(03)		
BENE PTB TP TRMNTN DT	9(08)		
BENE PTB TP BUYIN			
ELGBLTY CD	X(01)		
*** PART D DATA ELEMENTS ***			
BENE FIRST ELIGIBLE PART D DATE	9(08)	2212	2219
BENE AFF DECL IND	X(01)	2220	2220
(BENE PTD OPT OUT IND)			
****BENE COPAY HISTORY(10 TIMES)****		2221	2400
BENE COPAY TYPE	X(01)		
BENE COPAY LEVEL	X(01)		
BENE COPAY START DATE	9(08)		
BENE COPAY END DATE	9(08)		
****PART D PLAN BENEFIT PACKAGE(10 TIMES)		2401	2650
BENE CONTRACT NUM	X(05)		
BENE PTD PBP ENRLMNT STRT DT	9(08)		
BENE PTD PBP ENRLMNT END DT	9(08)		
BENE PTD PBP PLAN ID	X(03)		
BENE ENROLL TYPE IND	X(01)		
*** REMAINDER OF RECORD ***			
FILLER	X(311)	2651	2961

File Summary Record Physical Layout

FIELD NAME	FORMAT	<------POSITION------>	
		START	END

FIELD NAME	FORMAT	<------POSITION------>	
REC IDENT CODE	X(03)	0001	0003
STATE CODE	X(02)	0004	0005
FILE PROCESS TIMESTAMP	X(26)	0006	0031
FILE CREATE MONTH	9(02)	0032	0033
FILE CREATE YEAR	9(04)	0034	0037
RECORDS TOTAL	9(08)	0038	0045
RECORDS DUPLICATE	9(08)	0046	0053
RECORDS NONDUP	9(08)	0054	0061
RECORDS VALID	9(08)	0062	0069
RECORDS INVALID	9(08)	0070	0077
RECORDS MATCH	9(08)	0078	0085
RECORDS NOT MATCHED	9(08)	0086	0093
FILLER	X(01)	0094	0094
FILLER	X(20)	0095	0114
FILLER	X(26)	0115	0140
VALID DUAL RECORDS	9(08)	0141	0148
VALID DUAL MATCHES	9(08)	0149	0156
VALID DUAL NONMATCHES	9(08)	0157	0164
VALID LIS RECORDS	9(08)	0165	0172
VALID CURRENT DUALS	9(08)	0173	0180
VALID RETRO DUALS	9(08)	0181	0188
TOTAL ELIG MONTHS	9(02)	0189	0190
FILLER	X(2771)	0191	2961

Month Summary Record Physical Layout
(One generated for each Eligibility month found in the file.)

FIELD NAME   FORMAT   <------POSITION------>

		START	END
REC IDENT CODE	X(03)	0001	0003
STATE CODE	X(02)	0004	0005
FILE PROCESS TIMESTAMP	X(26)	0006	0031
FILE CREATE MONTH	9(02)	0032	0033
FILE CREATE YEAR	9(04)	0034	0037
ELIGIBILITY MONTH	9(02)	0038	0039
ELIGIBILITY YEAR	9(04)	0040	0043
CALCULATION SWITCH	X(01)	0044	0044
TOTAL VALID RECORDS	9(08)	0045	0052
TOTAL VALID FULL DUAL RECORDS	9(08)	0053	0060
TOTAL VALID NON-FULL DUAL RECORDS	9(08)	0061	0068
NET TOTAL VALID FULL DUAL ENROLLMENTS	9(08)	0069	0076
NET TOTAL VALID FULL DUAL DISENROLLMENTS	9(08)	0077	0084
FILLER	X(2877)	0085	2961

Trailer Record Physical Layout

FIELD NAME	FORMAT	<------POSITION------>

		START	END
RECORD IDENT CODE	X(03)	0001	0003
FILE PROCESS TIMESTAMP	9(26)	0004	0029
FILE CREATE MONTH	9(02)	0030	0031
FILE CREATE YEAR	9(04)	0032	0035
FILE ACCEPT IND	X(01)	0036	0036
FILLER	X(07)	0037	0043

*********ORIG STATE TRAILER REC 180 characters *************************

		START	END
RECORD IDENT CODE	X(03)	0044	0046
BENE RECORD COUNT	9(08)	0047	0054
STATE CODE	X(02)	0055	0056
CREATE MONTH	9(02)	0057	0058
CREATE YEAR	9(04)	0059	0062
FILLER	X(161)	0063	0223

*********REMAINDER OF RECORD***

		START	END
FILLER	X(2738)	0224	2961

Header Record Data Element Specifications

RECORD IDENT CODE	`"SRF"`

FILE PROCESS TIMESTAMP	Format: YYYY.MM.DD.hh.mm.ss.nnnn YYYY = Year; MM = Month; DD = Day; hh = hour; mm = minute; ss = second; nnnnnn = microsecond The exact time that the state file had been processed.
FILE ACCEPT IND	Y = The state file had been accepted; N = the state file had not been accepted.
FILLER	Filler.
RECORDS TOTAL	The total number of detail records in the state file. RECORDS VALID + RECORDS INVALID = RECORDS TOTAL. RECORDS MATCHED + RECORDS NOT MATCHED = RECORDS TOTAL.
RECORDS DUPLICATE	The total number of duplicate detail records found in the state file.
RECORDS NONDUP	The total number of non-duplicate valid detail records found in the state file.
RECORDS VALID	The total number of valid detail records found in the file. Valid records are non-duplicate and provide valid essential information. See also Person-Level Record Data Element Specifications: Error Return Codes (ERC) Additionally, a detail record will be considered Invalid if it does not have one of the following combinations of identifying information: - HICN or RRB, Social Security Number, Date of Birth - HICN or RRB, Date of Birth - Social Security Number, Date of Birth
RECORDS INVALID	The total number of invalid detail records found in the file See also Person-Level Record Data Element Specifications: Error Return Codes (ERC)
RECORDS MATCHED	The total number of detail records that could be matched successfully to an individual on the Medicare Beneficiary Database.
RECORDS NOT MATCHED	The total number of detail records that could not be matched successfully to an individual on the Medicare Beneficiary Database. This count includes Invalid detail records because no

	match is attempted on an invalid detail record.
FILE CREATE MONTH	Month Code for Current Month – Valid Values (01 – 12)Calendar Month equals Month the file is created (e.g. January=01, December=12) Create Month of the MMA State File
FILE CREATE YEAR	Year Code for Current Year – i.e. 2006 Current Year equals Calendar Year the file is created Create Year of the MMA State File
FILLER	
*************************	**ORIGINAL STATE HEADER RECORD 180 BYTES**
RECORD IDENT CODE	Always contains value of "MMA"
STATE CODE	**State Code – Valid Code** Alabama AL Missouri MO Alaska AK Montana MT Arizona AZ Nebraska NE Arkansas AR Nevada NV California CA New Hampshire NH Colorado CO New Jersey NJ Connecticut CT New Mexico NM Delaware DE New York NY District of North Carolina NC Columbia DC North Dakota ND Florida FL Ohio OH Georgia GA Oklahoma OK Hawaii HI Oregon OR Idaho ID Pennsylvania PA Illinois IL Rhode Island RI Indiana IN South Carolina SC Iowa IA South Dakota SD Kansas KS Tennessee TN Kentucky KY Texas TX Louisiana LA Utah UT Maine ME Vermont VT Maryland MD Virginia VA Massachusetts MA Washington WA Michigan MI West Virginia WV Minnesota MN Wisconsin WI Mississippi MS Wyoming WY
CREATE MONTH	Month Code for Current Month – Valid Values (01 – 12)Calendar Month equals Month the file is created (e.g. January=01, December=12)
CREATE YEAR	Year Code for Current Year – i.e. 2006 Current Year equals Calendar Year the file is created

FILLER	
*********************	**REMAINDER OF RECORD**
FILLER	

Person-Level Detail Record Data Element Specifications

**********************	ORIGINAL RECORD SUBMITTED BY STATE
RECORD IDENT CODE	Identifies record transaction type. Code as "DET" for an enrollment detail record, "PRO" for a prospective Dual Eligible records, and "LIS" is for a low-income subsidy determination. Each record type requires completion of different fields. Whether a field is required for each record type is indicated in the Record-Type = DET or LIS indication in the field specifications. PRO records require the same fields as DET records. For fields not applicable for the record type specified, code the field with the appropriate default or unknown value (e.g., "9" fill) **Essential field for detail record Validity (See RECORD IDENTIFIER ERC)**
ELIGIBILITY MONTH/YEAR	Applicable to RECORD TYPE – DET Format :MMCCYY Calendar Month/Year Code for applicable Medicaid eligibility (e.g.012006). Valid Month Values: 01 – 12 (e.g. January=01, December=12.) OR 999999 for a LIS record For retroactive records use effective month of the changes for each record. **Retroactive changes must be submitted to reflect prior-month changes in the following fields:** - ELIGIBILITY STATUS - HIC/RRB - HIC-RRB IND - SOCIAL SECURITY NUM - SEX - DATE OF BIRTH - DUAL STATUS CODE - FPL % IND - **INSTITUTIONAL STATUS IND** Retro active records must include replacement values for ALL fields for that record, NOT just the field(s) that have changed. **Essential field for DET detail record Validity (See ELIGIBILITY MONTH/YEAR ERC)**
ELIGIBILITY STATUS	Applicable to RECORD TYPE – DET Indicator of beneficiary's Medicaid eligibility for that person-month – Valid values "Y" (yes) or "N" (no) or 9 for a LIS record 'N' should not be submitted for current month dual eligibles

	Essential field for DET detail record Validity (See ELIGIBILITY STATUS ERC)
HIC/RRB	Applicable to RECORD TYPE – DET and LIS Either the Health Insurance Claim Number (HIC) or the Railroad Retirement Board Number (RRB), whichever the state has active and available for the beneficiary. (NOTE: Alphanumeric Field – LEFT JUSTIFIED) **Critical field for detail record Validity (See HIC ERC)**
HIC-RRB IND	Applicable to RECORD TYPE – DET and LIS Indicator for HIC or RRB – Valid Values: "R" for RRB and "H" for HIC; Indicates the type of value populating the HIC field above. This field is not used by CMS.
SOCIAL SECURITY NUMBER	Applicable to RECORD TYPE – DET and LIS Beneficiary's own Social Security Number **Critical for detail record Validity (See SOCIAL SECURITY NUMBER ERC)**
SMA IDENTIFIER	Applicable to RECORD TYPE – DET and LIS State Medicaid Agency Enrollee Identifier for the beneficiary – For use by state in associating records on Enrollment Return File.
FIRST NAME	Applicable to RECORD TYPE – DET and LIS Beneficiary First Name (First 12 letters)
LAST NAME	Applicable to RECORD TYPE – DET and LIS Beneficiary Last Name (First 20 letters)
MIDDLE NAME	Applicable to RECORD TYPE – DET and LIS Beneficiary Middle Name (First 15 letters)
SUFFIX NAME	Applicable to RECORD TYPE – DET and LIS Beneficiary Suffix Name (First 4 letters)e.g., JR, III
SEX	Applicable to RECORD TYPE – DET and LIS Beneficiary Gender – Sex code values F=Female, M=Male, 9=Unknown
DATE OF BIRTH	Applicable to RECORD TYPE – DET and LIS MMDDCCYY: Month, day, century and year of Beneficiary Birth, (e.g. 05051935). If unknown = '99999999'

	Critical field for detail record Validity (See DATE OF BIRTH ERC)
DUAL STATUS CODE	Applicable to RECORD TYPE – DET 01 = Eligible is entitled to Medicare- QMB only 02 = Eligible is entitled to Medicare- QMB AND Full Medicaid coverage 03 = Eligible is entitled to Medicare- SLMB only 04 = Eligible is entitled to Medicare- SLMB AND Full Medicaid coverage 05 = Eligible is entitled to Medicare- QDWI 06 = Eligible is entitled to Medicare- Qualifying individuals 08 = Eligible is entitled to Medicare- Other Full Dual Eligibles (Non QMB, SLMB,QWDI or QI)with Full Medicaid coverage 09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage, includes Pharmacy Plus and 1115 drug-only demonstration. If unknown = 99. NOTE: For prospective enrollment (PRO) records, include a dual eligible code for full dual eligible status which best describes the dual status assuming that individual is Medicare eligible; i.e., codes 02-QMB plus, 04-SLMB plus, or 08-Other.
FPL% IND	Applicable to RECORD TYPE – DET Federal Poverty Level Indicator. Values: 1=at or below 100% FPL, 2=above 100% FPL. FPL is determined by the individual state. If unknown = 9. Include income based on the eligibility intake system, but do not derive this field from the Dual Status Code. If it is necessary to replace unknown FPL% IND values, CMS will derive the value using consistent rules.
DRUG COVERAGE IND	Applicable to RECORD TYPE – DET This field is not used by CMS. Effective January 2006, code this field as 9. For months prior to January 2006 the values submitted were: 0=no drug coverage by Medicaid; 1= Medicaid drug coverage. If unknown = 9.
INSTITUTIONAL STATUS IND	Applicable to RECORD TYPE – DET Indicator of NURSING FACILITY, INTERMEDIATE

	CARE FACILITY/MENTALLY RETARDED or INPATIENT PSYCHIATRIC HOSPITAL: Values "Y" or "N". If unknown = "9". Code this field as "Y" (yes) only when the individual is institutionalized (or projected to be for the current month) for the entire span of eligibility for the month.
PART D SUBSIDY APPLICATION APPROVAL CODE	Applicable to RECORD TYPE – LIS Identifies whether application was approved or not. Approved code values Y=yes, N=no , N/A=9 **Essential for LIS detail record Validity (See PART D SUBSIDY APPRVD ERC)**
PART D SUBSIDY APPRVD/DISAPPRVD DATE)	Applicable to RECORD TYPE – LIS Approved date MMDDCCYY. N/A='99999999' if unknown. **Essential for LIS detail record Validity (See PART D SUBSIDY APPRVD DATE ERC)**
PART D SUBSIDY START DATE	Applicable to RECORD TYPE – LIS Subsidy Start Date MMDDCCYY. N/A= '99999999'. May not be earlier than 01/01/2006. Must be first day of the month in which application received by state. **Essential for LIS detail record Validity (See PART D SUBSIDY START DATE ERC)**
PART D SUBSIDY END DATE	Applicable to RECORD TYPE – LIS Subsidy End Date MMDDCCYY; for determinations through 2006, end date is 12/31/2006. Thereafter, end date is determined by state, in manner and frequency state determines. N/A='99999999'.
PART D % OF FPL	Applicable to RECORD TYPE – LIS For those individuals who apply for the low income subsidy, identify the specific percent of Federal Poverty Level, as defined by Federal LIS income determination policy. Do not fill this out for those individuals who receive any Medicaid benefits, including payment of Medicare cost-sharing obligations. N/A='999'.
PART D SUBSIDY LEVEL	Applicable to RECORD TYPE – LIS Identifies portion of Part D premium subsidized, based on sliding scale linked to

	%FPL. If person is under 135% FPL, enter 100. If person is 136-140% FPL, enter 075. If person is 141-145% FPL, enter 050. If person is 146-149% FPL, enter 025. If person has 150% FPL, enter 000. N/A='999'.
INCOME USED FOR DETERMINATION	Applicable to RECORD TYPE – LIS Income Used Indicator 1=Individual, 2=Couple N/A='9'
RESOURCE LEVEL	Applicable to RECORD TYPE – LIS Resource Level 1=over limit, 2=under limit N/A='9'.
BASIS OF PART D SUBSIDY DENIAL	Applicable to RECORD TYPE – LIS Denial codes: 1 = NAB (Not enrolled in Medicare Part A or B); 2 = NUS (Does not reside in the USA); 3 = FTC (Failure to cooperate); 4 = RES (Resources too high); 5 = INC (Income too high); 9 = N/A
RESULT OF AN APPEAL	Applicable to RECORD TYPE – LIS Appeal Result Y=yes, N=no (Only populated if appeal is filed). N/A='9'.
CHANGE TO PREVIOUS DETERMINATION	Applicable to RECORD TYPE – LIS Change to Previous Determination Indicator Y=yes, N=no. Enter Y if this record changes a determination sent in a previous transmission. Default is N. N/A='9'.
DETERMINATION CANCLD	Applicable to RECORD TYPE – LIS Cancelled Indicator Y=yes, N=no. Default is N. Enter Y if this record cancels previous record sent. N/A='9'.
FILLER	
**********************	**ERROR RETURN CODES (ERC)**
RECORD IDENT CODE ERC	**If this field is invalid, the detail record is invalid.** 00: Value is Valid 01: Invalid - Value is not in Valid Value Set 97: System processing error
ELIGIBILITY MONTH/YEAR ERC	**If this field is invalid, the DET detail record is invalid.** 00: Value is Valid

	02: Invalid - Value is not Numeric 04: Invalid - Date is Unknown 10: Invalid - Value is Future 11: Invalid - Month value is not between 01 and 12 inclusive 20: Invalid - Year value is before 2004 99: Not Scanned - LIS Record 97: System processing error
ELIGIBILITY STATUS ERC	**If this field is invalid, the DET detail record is invalid.** 00: Value is Valid 01: Invalid - Value is not in Valid Value Set 99: Not Scanned - LIS Record 97: System processing error
HIC/RRB ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 03: Invalid - Field is Empty 97: System processing error **Critical Identification field:** Additionally, a detail record will be considered Invalid if it does not have one of the following combinations of identifying information: - HICN or RRB, Social Security Number, Date of Birth - HICN or RRB, Date of Birth - Social Security Number, Date of Birth
HIC-RRB-IND ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 97: System processing error
SOCIAL SECURITY NUM ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 02: Invalid - Value is not Numeric 03: Invalid - Field is Empty 97: System processing error **Critical Identification field:** Additionally, a detail record will be considered Invalid if it does not have one of the following combinations of identifying information: - HICN or RRB, Social Security Number, Date of Birth - HICN or RRB, Date of Birth - Social Security Number, Date of Birth
SEX ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 97: System processing error

DATE OF BIRTH ERC	00: Value is Valid 02: Invalid - Value is not Numeric 04: Invalid - Date is Unknown 10: Invalid - Value is Future 11: Invalid - Month value is not between 01 and 12 inclusive 12: Invalid - Day value is out of range 21: Warning - Year is before 1899 97: System processing error **Critical Identification field**: Additionally, a detail record will be considered Invalid if it does not have one of the following combinations of identifying information: - HICN or RRB, Social Security Number, Date of Birth - HICN or RRB, Date of Birth - Social Security Number, Date of Birth
DUAL STATUS CODE ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 40: Warning - Value is 99 for Dual Eligible record 99: Not Scanned - LIS record 97: System processing error
FPL % IND ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 99: Not Scanned - LIS record 97: System processing error
DRUG COVERAGE IND ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 99: Not Scanned - LIS record 97: System processing error
INSTITUTIONAL STATUS IND ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value set 99: Not Scanned - LIS record 97: System processing error
PART D SUBSIDY APPLICATION APPROVAL CODE ERC	**If this field is invalid, the LIS detail record is invalid.** 00: Value is Valid 01: Invalid - Value is not in Valid Value set 98: Not Scanned - DET record 97: System processing error
PART D SUBSIDY APPRVD/DISAPPRVD DATE ERC	**If this field is invalid, the LIS detail record is invalid.** 00: Value is Valid 02: Invalid - Value is not Numeric 04: Invalid - Date is Unknown 10: Invalid - Value is Future 11: Invalid - Month value is not between 01 and

	12 inclusive 12: Invalid - Day value is out of range 31: Invalid - Value is later than Part D Subsidy End Date 98: Not Scanned - DET record 97: System processing error
PART D SUBSIDY START DATE ERC	**If this field is invalid, the LIS detail record** **is invalid.** 00: Value is Valid 02: Invalid - Value is not Numeric 04: Invalid - Date is Unknown 10: Invalid - Value is Future 11: Invalid - Month value is not between 01 and 12 inclusive 12: Invalid - Day value is out of range 31: Invalid - Value is later than Part D Subsidy End Date 36: Invalid - Value is earlier than January 1, 2006 37: Warning - Day value is not first day of the month 98: Not Scanned - DET record 97: System processing error
PART D SUBSIDY END DATE ERC	00: Value is Valid 02: Invalid - Value is not Numeric 04: Invalid - Date is Unknown 11: Invalid - Month value is not between 01 and 12 inclusive 12: Invalid - Day value is out of range 33: Invalid - Value is earlier than Part D Subsidy Approved/Disapproved Date 34: Invalid - Value is earlier than Part D Subsidy Start Date 35: Invalid - Value is earlier than Part D Subsidy Approved/Disapproved Date and Part D Subsidy Start Date 98: Not Scanned - DET record 97: System processing error
PART D % OF FPL ERC	00: Value is Valid 02: Invalid - Value is not Numeric. 98: Not Scanned - DET record 97: System processing error
PART D SUBSIDY LEVEL ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value set 98: Not Scanned - DET record 97: System processing error

INCOME USED FOR DETERMINATION ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value set 98: Not Scanned - DET record 97: System processing error
RESOURCE LEVEL ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value set 98: Not Scanned - DET record 97: System processing error
BASIS OF PART D SUBSIDY DENIAL ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value set 98: Not Scanned - DET record 97: System processing error
RESULT OF AN APPEAL ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value set 98: Not Scanned - DET record 97: System processing error
CHANGE TO PREVIOUS DETERMINATION ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 98: Not Scanned - DET record 97: System processing error
DETERMINATION CANCLD ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 98: Not Scanned DET record 97: System processing error
**********************	**CMS MBD FILE**
RECORD RETURN CODE	This field is an assessment of the detail record. 000000: Record is Valid no errors. 000001: Record is Valid with errors. 000002: Record is Invalid: Invalid Record Identification Code. 000003: Record is Invalid: Insufficient Valid Identifying Information [May potentially indicate a mismatch on the submitted date of birth.] 000004: Record is Invalid: DET Record - Invalid Key Fields 000005: Record is Invalid: LIS Record - Invalid Key Fields 000006: Record is Invalid: DET Record - Duplicate 000007: Record is Invalid: LIS Record - Duplicate 000008: Record is Invalid: Input Record is Incorrect Length
MEDICARE PART A/B FINDER CODE	For Dual Eligible (DET) records, this field indicates the presence of Medicare Part A and/or Medicare Part B entitlement during the Eligibility Month/Year.

	For Low-Income Subsidy (LIS) records, this field indicates the presence of Medicare Part A and/or Medicare Part B entitlement during the first month of the Subsidy period as given by the Part D Subsidy Apprvd/Disapprvd Date. Values: 0 = The person had Medicare Part A and/or Medicare Part B 1 = The person had neither Medicare Part A nor Medicare Part B.
MEDICARE PART D FINDER CODE	For Dual Eligible (DET) records, this field indicates the presence of Medicare Part D enrollment during the Eligibility Month/Year. For Low-Income Subsidy (LIS) records, this field indicates the presence of Medicare Part D enrollment during the first month of the Subsidy period as given by the Part D Subsidy Apprvd/Disapprvd Date. Values: 0 = The person had Medicare Part D 1 = The person did not have Medicare Part D
**********************	**BENEFICIARY IDENTIFICATION** This remainder of the record is populated if the person was found in the CMS Medicare information systems. A person will be found in the CMS Medicare information systems if they have Medicare. If the person is not found successfully in the CMS Medicare information systems, then the remainder of the record will be populated with SPACES (alphanumeric fields) and ZEROS (numeric fields).
BENE CLM ACNT NUM	The number identifying the primary Medicare Beneficiary under the SSA or RRB programs. This number along with the Beneficiary Identification Code uniquely identifies a Medicare Beneficiary.
BENE IDENT CD	A code that is used in conjunction with the Beneficiary Claim Account Number to uniquely identify a Medicare Beneficiary. The BIC Code establishes the beneficiary's relationship to a primary Social Security Administration (SSA) or Railroad Retirement Board (RRB) wage earner and is used to justify entitlement to Medicare benefits.
BENE BIRTH DT	The date of birth of the Medicare Beneficiary. MMDDCCYY: Month, day, century and year
BENE DEATH DT	The date of death of the Medicare Beneficiary. MMDDCCYY: Month, day, century and year

BENE SEX IDENT CD	Represents the sex of the Medicare Beneficiary. Examples include: Male and Female Valid values: 0 = Unknown 1 = Male 2 = Female
BENE GIVN NAME	The first name of the Medicare beneficiary.
BENE MDL NAME	The middle initial of the Medicare Beneficiary middle name.
BENE SURN NAME	The last name (surname) of the Medicare Beneficiary including any following titles.
**********************	**CROSS REFERENCE MEDICARE NUMBERS (10 OCCURRENCES)** **First occurrence is the active/most recent cross-reference Medicare number.**
XREF BENE CLM ACCT NUM	An additional beneficiary claim account number associated with the Medicare Beneficiary. The beneficiary's entitlement has been cross-referenced from this number to the beneficiary's active claim account number. (Audited records are invalidated)
XREF BENE IDENT CODE	The beneficiary's identification code associated with the Medicare Beneficiary's cross-referred claim account number.
**********************	**SOCIAL SECURITY NUMBERS (5 OCCURRENCES)** **First occurrence is the active/most recent Social Security Number.**
BENE SSN NUM	The beneficiary's identification number that was assigned by the Social Security Administration.
**********************	**MAILING ADDRESS** This may be the address of a rep-payee where that represents the official mailing address.
MLNG ADDR LINE 1	The first line of the address.
MLNG ADDR LINE 2	The second line of the street address.
MLNG ADDR LINE 3	The third line of the street address.
MLNG ADDR LINE 4	The fourth line of the mailing address.
MLNG ADDR LINE 5	The fifth line of the mailing address.
MLNG ADDR LINE 6	The sixth line of the mailing address.
MLNG ADDR CITY NAME	The name of the city for the Medicare Beneficiary's residence, or temporary residence and/or mailing address.

MLNG ADDR STATE CODE	The beneficiaries' postal state code.
MLNG ADDR ZIP CODE	The zip code associated with the address
MLNG ADDR CHG DT	The date a new or corrected address becomes effective for a Medicare Beneficiary. MMDDCCYY: Month, day, century and year
**********************	**RESIDENCE ADDRESS** The Residence address is NOT currently being used nor is it being populated
RSDNC ADDR LINE 1	The first line of the address.
RSDNC ADDR LINE 2	The second line of the street address.
RSDNC ADDR LINE 3	The third line of the street address.
RSDNC ADDR LINE 4	The fourth line of the mailing address.
RSDNC ADDR LINE 5	The fifth line of the mailing address.
RSDNC ADDR LINE 6	The sixth line of the mailing address.
RSDNC ADDR CITY NAME	The name of the city for the Medicare Beneficiary's residence, or temporary residence and/or mailing address.
RSDNC ADDR STATE CODE	The beneficiaries' postal state code.
RSDNC ADDR ZIP CODE	The zip code associated with the address
RSDNC ADDR CHG DT	The date a new or corrected address becomes effective for a Medicare Beneficiary. MMDDCCYY: Month, day, century and year
**********************	**REPRESENTATIVE PAYEE**
BENE REP PAYEE SW	A switch that indicates whether the beneficiary has a Representative Payee for social security cash benefit purposes. Values: Space or N = Field is not applicable, no rep payee indicated Y = Beneficiary has designated a representative payee
**********************	**MEDICARE NON-ENTITLEMENT STATUS**
PRT A NENTLMT STUS CODE	The reason for a beneficiary's current non-entitlement to Part A Medicare Benefits. Values: D = Coverage was denied F = Terminated due to invalid enrollment or enrollment voided H = Not eligible for free Part A, or did not enroll for premium Part A R = Refused benefits N Not a valid SSA HIC, but used by CMS' Third Party system to indicate a potential PTA entitlement date N = Not a valid SSA HIC, but used by CMS' Third Party system to indicate a potential PTA entitlement date This field may have the value SPACE if no non-entitlement reason applies to the beneficiary.

PRT B NENTLMT STUS CODE	The reason for a beneficiary's current non-entitlement to Part B Medicare Benefits. Values: D = Coverage was denied N = No (Foreign/Puerto Rican beneficiary not entitled to SMI) Also, dually/technically, beneficiary is not entitled to SMI. R = Refused benefits This field may have the value SPACE if no non-entitlement reason applies to the beneficiary.
**********************	**MEDICARE ENTITLEMENT REASON (5 OCCURRENCES)** **This section is not presently populated.**
BENE ENTLMT RSN CD CHG DT	The date that the reason for entitlement was changed for a beneficiary. This is not the effective date of entitlement. MMDDCCYY: Month, day, century and year
BENE ENTLMT RSN CD	This code identifies the reason for the beneficiary's entitlement to Medicare Benefits. Values are: 0 = Beneficiary insured due to age (OASI); 1 = Beneficiary insured due to disability; 2 = Beneficiary insured due to End Stage; Renal Disease (ESRD); 3 = Beneficiary insured due to disability and current ESRD.
**********************	**MEDICARE PART A ENTITLEMENT (5 OCCURRENCES)** **First occurrence is the active/most recent Medicare Part A entitlement.**
BENE PTA ENTLMT STRT DT	The date a beneficiary became entitled to Medicare Benefits. MMDDCCYY: Month, day, century and year This field will be populated with zeros if no entitlement period is found.
BENE PTA ENTLMT END DT	The Medicare program entitlement termination date for a beneficiary. The last day that a beneficiary is entitled to benefits. After this day the benefits are terminated. MMDDCCYY: Month, day, century and year If this field and the Entitlement Start Date are both populated with zeros, then no entitlement period was found. If this field is populated with zeros and the entitlement start date is a valid date, then the entitlement period is not ended.
BENE PTA ENRLMT RSN CD	This code is used by SSA to reflect information about a specific Part A enrollment is based upon equitable relief (and Medicare's usual business rules for Part B start Date may not be

	appropriate) Values: A = Attainment of age 65 B = Equitable relief D = Disability G = General Enrollment Period I = Initial Enrollment Period J = MQGE Entitlement K = Renal disease is or was a reason for entitlement prior to age 65 or 25th month of disability L = Late filing M = Termination based on renal entitlement but entitlement based on disability continues N = Age 65 and uninsured P = Potentially insured beneficiary is enrolled for Medicare coverage only Q = Quarters of coverage requirements are involved R = Residency requirements are involved T = Disabled working individual U = Unknown Blank = Not applicable This field will be populate with SPACE if no entitlement period is found

BENE PTA ENTLMT STUS CD	Represent the Medicare Part A entitlement status for a beneficiary.
	
	Values are:
	E = Free Part A Entitlement
	G = Entitled due to good cause
	Y = Currently entitled, premium is payable
	
	Valid values when Part A Entitlement Effective date and Termination Date are present:
	C = No longer entitled due to disability cessation
	S = Terminated, no longer entitled under ESRD provision
	T = Terminated for non-payment of premiums
	W = Voluntary withdrawal from premium coverage
	X = Free Part A terminated or refused HI
	
	Valid Values when there is no Part A Entitlement date (and no Part A termination date):
	   D = COVERAGE WAS DENIED
	   F = TERMINATED DUE TO INVALID ENROLLMENT
	      OR ENROLLMENT VOIDED
	   H = NOT ELIGIBLE FOR FREE PART A, OR DID
	      NOT ENROLL FOR PREMIUM PART A
	   R = REFUSED BENEFITS

	N = NOT A VALID SSA HOC, BUT USED BY HCFA'S THIRD PARTY SYSTEM TO INDICATE A 'POTENTIAL' PTA ENTITLEMENT DATE This field will be populated with SPACE if no entitlement period is found.
**********************	**MEDICARE PART B ENTITLEMENT (5 OCCURRENCES)** **First occurrence is the active/most recent Medicare Part B entitlement.**
BENE PTB ENTLMT STRT DT	The date a beneficiary became entitled to Medicare Benefits. MMDDCCYY: Month, day, century and year This field will be populated with zeros if no entitlement period is found.
BENE PTB ENTLMT END DT	The Medicare program entitlement termination date for a beneficiary. The last day that a beneficiary is entitled to benefits. After this day the benefits are terminated. MMDDCCYY: Month, day, century and year If this field and the Entitlement Start Date are both populated with zeros, then no entitlement period was found. If this field is populated with zeros and the entitlement start date is a valid date, then the entitlement period is not ended.
BENE PTB ENRLMT RSN CD	This code is used by SSA to reflect information about a specific Part B enrollment is based upon equitable relief (and Medicare's usual business rules for Part B start Date may not be appropriate) Valid values: B = Equitable relief C = Good Cause D = Deemed date of birth F = Working Aged G = General enrollment period I = Initial enrollment period K = Renal disease is or was a reason for entitlement prior to age 65 or 25th month of disability M = Termination based on renal entitlement but entitlement based on disability continues R Residency requirements are involved S = State Buy-In U = Unknown This field will be populate with SPACE if no entitlement period is found

BENE PTB ENTLMT STUS CD	This code represents the Part B Medicare entitlement status for a beneficiary.
	
	Valid values when Part B Entitlement Effective date is present and Termination Date is blank:
	G Entitled due to good cause
	Y Currently entitled, premium is payable
	
	Valid values when Part B Entitlement Effective date and Termination Date are present:
	C No longer entitled due to disability cessation
	F Terminated due to invalid enrollment or enrollment voided
	S Terminated, no longer entitled under ESRD provision
	T Terminated for non-payment of premiums
	W Voluntary withdrawal from premium coverage
	
	Valid Values when there is no Part B entitlement date (and no Part B termination date):
	   D = COVERAGE WAS DENIED
	   N = NO (FOREIGN/PUERTO RICAN BENEFICIARY NOT ENTITLED TO SMI. ALSO DUALLY/TECHNICALLY BENEFICIARY IS NOT ENTITLED TO SMI)
	   R = REFUSED BENEFITS
	This field will be populated with SPACE if no entitlement period is found.

**********************	**HOSPICE COVERAGE (5 OCCURRENCES)** **First occurrence is the active/most recent Hospice coverage.**
BENE HSPC CVRG STRT DT	The elected start date of a beneficiary's period of Hospice Coverage. MMDDCCYY: Month, day, century and year This field will be populated with zeros if no Medicare Hospice coverage period is found.
BENE HSPC CVRG END DT	The termination date of a beneficiary's period of Hospice Coverage. MMDDCCYY: Month, day, century and year If the Hospice Start Date is populate with zeros, then this date will be populated with zeros. This field will be populated with zeros if the hospice period is open (not ended).

************************	**DISABILITY INSURANCE (3 OCCURRENCES)** **First occurrence is the active/most recent Disability** **Insurance.**
BENE DIB ENTLMT STRT DT	The date that a beneficiary covered by the SSA disability program becomes entitled to Medicare benefits. MMDDCCYY: Month, day, century and year This field will be populated with zeros if no disability coverage period is found.
BENE DIB ENTLMT END DT	The date that Medicare benefits due to disability end for a beneficiary who was covered by the SSA disability program. MMDDCCYY: Month, day, century and year This field will be populated with zeros if the Disability Entitlement Start Date is zeros. This field will be zeros if the Disability Entitlement Period is open (not ended).
BENE DIB ENTLMT DT JSTFCTN CD	The justification for a beneficiary's Part A and/or Part B Medicare entitlement dates based upon his/her disability insurance benefits (DIB) status. 1 = BENEFICIARY IS ENTITLED TO MEDICARE COVERAGE DUE TO PRIOR PERIODS OF SSA DISABILITY ENTITLEMENT A = BENEFICIARY IS ENTITLED TO MEDICARE BASED UPON SSA DISABILITY AND THE 24 MONTH WAITING PERIOD HAS BEEN WAIVED BLANK = N/A This field will be populated with SPACE if no Disability Entitlement Period is found.
************************	**GROUP HEALTH ORGANIZATION (10 OCCURRENCES)** **The first occurrence is the active or most recent Medicare Group Health Organization coverage (ie plan enrollment). Presently, this section is populated withwth Medicare Part C and Medicare Part D plan enrollments.**
BENE GHO ENRLMT STRT DT	The date that the beneficiary enrolled in the Service Elections. MMDDCCYY: Month, day, century and year This field will be populated with zeros if no service election (plan enrollment) has been found.
BENE GHO ENRLMT END DT	The date that the beneficiary disenrolled in the Service Elections. MMDDCCYY: Month, day, century and year This field will be populated with zeros if the GHO Enrollment Start Date is populated with zeros. This field will be populated with zeros if the Service Election (plan enrollment) is open (not ended).

BENE GHO CNTRCT NUM	Unique identification for an agreement between CMS and a Managed Care Organization (MCO) enabling the MCO to provide Medicare + choice coverage to eligible beneficiaries. This field will be populated with spaces only if neither Medicare Part C nor Medicare Part D enrollment has been found. Generally the following applies, but there could be some exceptions especially with 9. A contract number beginning with the letter H indicates local MA (Medicare Advantage) plans, MA-PD (Medicare Advantage with Prescription Drug) plans, PACE organizations, cost plans, and some demonstrations. A contract number beginning with the letter R indicates regional MA and MA-PD plans. A contract number beginning with the number 9 indicates a Medicare Demonstration plan. A contract number beginning with the letter S indicates Stand-Alone PDP (Prescription Drug Plan). Starting with contract year 2007, a contract number starting with E indicates an employer sponsored prescription drug plan.
*********************	**MBD PLAN BENEFIT PACKAGE ELECTION (10 OCCURRENCES) The first occurrence is the active or most recent Medicare Plan Benefit Package coverage. Presently, this section is populated with Medicare Part C and Medicare Part D plan benefit package selections.**
MBD GHP ENRLMT EFCTV DT	The date that the beneficiary enrolled in the Service Elections. MMDDCCYY: Month, day, century and year This field will be populated with zeros if no service election (plan enrollment) has been found.
MBD PBP STRT DT	Date the PBP election started. MMDDCCYY: Month, day, century and year This field will be populated with zeros if no plan benefit package selection has been found.
MBD PBP END DT	Date the PBP election ended. MMDDCCYY: Month, day, century and year This field will be populated with zeros if the PBP Start Date is populated with zeros. This field will be populated with zeros if the PBP election is open (not ended).
MBD PBP NUM	A unique identifier for the managed care benefit package. This field will be populated with spaces if no PBP election has been found for the beneficiary.
MBD PBP CVRG TYPE	Identifies the type of managed care enrollment

CD	or FFS period. 3 =CCP COORDINATED CARE PLAN 6 = PACE PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE) 8 =DEMO DEMONSTRATION 5 = PFFS PRIVATE FEE FOR SERVICE 10 = Cost/HCPPCOST/HEALTH CARE PREPAYMENT PLAN 9 = FFS (FEE FOR SERVICE) 11 = PDP Election This field will be populated with spaces if no PBP election has been found for the beneficiary.
*********************	**END STAGE RENAL DISEASE COVERAGE (1 OCCURRENCE)**
BENE ESRD CVRG STRT DT	The date on which the beneficiary is entitled to Medicare in some part because of a diagnosis of End Stage Renal Disease. MMDDCCYY: Month, day, century and year This field will be populated with zeros if no ESRD coverage is found for the beneficiary.
BENE ESRD CVRG END DT	The date on which the beneficiary is no longer entitled to Medicare under ESRD Provisions. MMDDCCYY: Month, day, century and year This field will be populated with zeros if the ESRD Coverage Start Date is populated with zeros. This field will be populated with zeros if the ESRD Coverage period is open (not ended).
BENE ESRD TRMNTN RSN CD	The reason Medicare-Based ESRD coverage was terminated. DATA VALIDATION: A = Month of transplant plus 36 months; B = Last month of chronic dialysis; C = Part A termination; D = Death; E = ESRD ended This field will be populated with spaces if either no ESRD Coverage has been found for the beneficiary or the ESRD Coverage Period has not been ended (s open/active).
*********************	**END STAGE RENAL DISEASE DIALYSIS (1 OCCURRENCE)**
BENE ESRD DLYS STRT DT	A date that indicates when the ESRD Dialysis started. MMDDCCYY: Month, day, century and year This field will be populated with zeros if no ESRD Dialysis is found for the beneficiary.

BENE ESRD DLYS END DT	A date that indicates when ESRD Dialysis ended. MMDDCCYY: Month, day, century and year The field will be populated with zeros if the Dialysis Start Date is populated with zeros. This field will be populated with zeros if the beneficiary is presently receiving Dialysis care through Medicare.
**********************	**END STAGE RENAL DISEASE TRANSPLANT (1 OCCURRENCE)**
BENE ESRD TRNSPLNT STRT DT	A date that indicates when a Kidney Transplant Operation Occurred. MMDDCCYY: Month, day, century and year This field will be populated with zeros if no ESRD Kidney Transplant is found for the beneficiary.
BENE ESRD TRNSPLNT END DT	A date that indicates when a Kidney Transplant failed. MMDDCCYY: Month, day, century and year The field will be populated with zeros if the Transplant Start Date is populated with zeros. This field will be populated with zeros if the beneficiary is presently benefiting from Kidney Transplant (ie the Transplant Start Date is populated with a date value).
**********************	**THIRD PARTY PART A HISTORY (5 OCCURRENCES)** **First occurrence is the active/most recent Third Party Part A period.**
BENE PTA TP STRT DT	The start date of a private third party group's or state's liability for a beneficiary's Part A premium. MMDDCCYY: Month, day, century and year
BENE PTA TP PRM PYR CD	Part A – The identifier for a third party agency (either a private group's, state buy-in agency) responsible for paying a beneficiary's Medicare Part A premium. Part A: S01- S99 State billing T01-Z98 Private Third Party Billing Z99 Conditional State Group Payer Enrollment.
BENE PTA TP END DT	The termination date of a private third party group's or state's liability for a beneficiary's Part A premium. MMDDCCYY: Month, day, century and year
BENE PTA TP BUYIN ELGBLTY CD	A code that indicates the reason for Part A state buy-in eligibility. A = AGED RECIPIENT OF SSI PAYMENTS (CMS TO

	STATE) B = BLIND RECIPIENT OF SSI PAYMENTS (CMS TO STATE) C = ENTITLED TO PART A OF TITLE IV (AFDC) (STATE TO CMS) D = DISABLE RECIPIENT OF SSI PAYMENTS (CMS TO STATE) E = AGED RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) F = BLIND RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) G = DISABLED RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) H = AGED, BLIND, OR DISABLED RECIPIENT OF A ONE-TIME PAYMENT (OTP) (CMS TO STATE) M = ENTITLED TO MEDICAL ASSISTANCE ONLY (MAO), NON-CASH RECIPIENT (STATE TO CMS) Z = DEEMED CATEGORICALLY NEEDY (STATE TO CMS)
***********************	**THIRD PARTY PART B HISTORY** **(5 OCCURRENCES)** **First occurrence is the active/most recent Third Party Part B period.**
BENE PTB TP STRT DT	The start date of a private third party group's or state's liability for a Part B premium. MMDDCCYY: Month, day, century and year
BENE PTB TP PRM PYR CD	Part B – The identifier for a third party agency (either a private group, state buy-in agency or the Office of Personnel Management (OPM) responsible for paying a beneficiary's Medicare Part B premium. Part B: Blank No Bill Determined 000 Beneficiary is having Part B premium deducted from Title II check 001 Uninsured beneficiary 005 Insured beneficiary 006 Program Service Center control, no bill 007 Special age 72 enrollee 008 PSC annual billing 010- 650 State billing 700 Office of Personnel Management (OPM) A01-R99 Group Payers for Part B premiums.
BENE PTB TP TRMNTN DT	The termination date of a private third party group's or state's liability for a beneficiary's Part B premium. MMDDCCYY: Month, day, century and year
BENE PTB TP BUYIN ELGBLTY CD	A code that indicates the reason for Part B state buy-in eligibility. A = AGED RECIPIENT OF SSI PAYMENTS (CMS TO STATE)

	B = BLIND RECIPIENT OF SSI PAYMENTS (CMS TO STATE) C = ENTITLED TO PART A OF TITLE IV (AFDC) (STATE TO CMS) D = DISABLE RECIPIENT OF SSI PAYMENTS (CMS TO STATE) E = AGED RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) F = BLIND RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) G = DISABLED RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) H = AGED, BLIND, OR DISABLED RECIPIENT OF A ONE-TIME PAYMENT (OTP) (CMS TO STATE) M = ENTITLED TO MEDICAL ASSISTANCE ONLY (MAO), NON-CASH RECIPIENT (STATE TO CMS) P = Qualified Medicare Beneficiary (QMB) Z = DEEMED CATEGORICALLY NEEDY (STATE TO CMS)
**********************	**PART D DATA ELEMENTS**
BENE FIRST ELIGIBLE PART D DATE	The first date on which a beneficiary had become eligible for Medicare Part D, whether or not enrolled on a Medicare Part D plan.
BENE AFF (AFFIRMATIVELY) DEC (DECLINE) INDICATOR also known as, Bene Part D Opt-Out Indicator	An indicator providing whether or not a beneficiary had chosen not to be auto-enrolled by CMS in a Medicare Part D plan. Values: Y = YES Space (default value) or N = NO
**********************	**BENE COPAY HISTORY (10 TIMES)**
BENE COPAY TYPE	A code indicating whether the beneficiary was determined eligible for Low-Income Subsidy or Deemed eligible. Values: L = Low-Income Subsidy (LIS) D = Deemed

BENE COPAY LEVEL	An indicator providing the level of copay granted to the beneficiary.
	Values:
	    If BENE LIS TYPE = L
	       1 = HIGH
	       4 = 15%
	    If BENE LIS TYPE = D
	       1 = HIGH
	       2 = LOW
	       3 = 0 (ZERO)

BENE COPAY START DATE	The effective date of the copay period. Format: **MMDDCCYY**
BENE COPAY END DATE	The end date of the copay period. Format: **MMDDCCYY**

**********************	PART D PLAN BENEFIT PACKAGE (10 TIMES) **The first occurrence is the active or most recent Medicare Part D Plan coverage. Presently, this section is populated with Medicare Part C offering drug coverage and Medicare Part D plan benefit package selections.** **For Medicare Part C plans that offer Part D (e.g. (Medicare Advantage MA-PD) the beginning date of enrollment in the Part C plan may be earlier than January 1, 2006 (the start of the Medicare Part D program).**
BENE CONTRACT NUM (NUMBER)	Unique identifications for an agreement between CMS and a managed care organization or PDP sponsor enabling the plan to provide Medicare Part D prescription drug coverage.
BENE PTD PBP ENRLMNT STRT DT	The effective date that the beneficiary was enrolled in the Service Elections (PBP). Format: **MMDDCCYY** **For Medicare Part C plans that offer Part D (e.g. (Medicare Advantage MA-PD) the beginning date of enrollment in the Part C plan may be earlier than January 1, 2006 (the start of the Medicare Part D program)**
BENE PTD PBP ENRLMNT END DT	The end date of the beneficiary's enrollment in the Service Elections (PBP). Format: **MMDDCCYY**
BENE PTD PBP PLAN ID	A unique identifier for the managed care benefit package. For Medicare Part D, this number is a unique identification for an agreement between CMS and a Medicare Part D provider, enabling the Medicare Part D provider to provide prescription drug coverage to eligible beneficiaries.
BENE ENROLL TYPE IND (INDICATOR)	An indicator providing the type of enrollment performed. Values: A = Auto-Enrolled B = Beneficiary Election C = Facilitated Enrollment D = System-Generated Enrollment (Rollover)
**********************	**REMAINDER OF RECORD**

FILLER	

File Summary Record Data Element Specifications

REC IDENT CODE	"FSM"
STATE CODE	**State Code - Valid Code** Alabama AL Missouri MO Alaska AK Montana MT Arizona AZ Nebraska NE Arkansas AR Nevada NV California CA New Hampshire NH Colorado CO New Jersey NJ Connecticut CT New Mexico NM Delaware DE New York NY District of North Carolina NC Columbia DC North Dakota ND Florida FL Ohio OH Georgia GA Oklahoma OK Hawaii HI Oregon OR Idaho ID Pennsylvania PA Illinois IL Rhode Island RI Indiana IN South Carolina SC Iowa IA South Dakota SD Kansas KS Tennessee TN Kentucky KY Texas TX Louisiana LA Utah UT Maine ME Vermont VT Maryland MD Virginia VA Massachusetts MA Washington WA Michigan MI West Virginia WV Minnesota MN Wisconsin WI Mississippi MS Wyoming WY
FILE PROCESS TIMESTAMP	Format: YYYY.MM.DD.hh.mm.ss.nnnn YYYY = Year; MM = Month; DD = Day; hh = hour; mm = minute; ss = second; nnnnnn = microsecond The exact time that the state file had been processed.
FILE CREATE MONTH	Month Code for Current Month – Valid Values (01 – 12)Calendar Month equals Month the file is created (e.g. January=01, December=12) The month in which the MMA state file was created.
FILE CREATE YEAR	Year Code for Current Year – i.e. 2006 Current Year equals Calendar Year the file is created The year in which the MMA state file was created.

RECORDS TOTAL	The total number of detail records in the state file. RECORDS VALID + RECORDS INVALID = RECORDS TOTAL. RECORDS MATCHED + RECORDS NOT MATCHED = RECORDS TOTAL.
RECORDS DUPLICATE	The total number of duplicate detail records found in the state file.
RECORDS NONDUP	The total number of non-duplicate valid detail records found in the state file.
RECORDS VALID	The total number of valid detail records found in the file. Valid records are non-duplicate and provide valid essential information. Additionally, a detail record will be considered Invalid if it does not have one of the following combinations of identifying information: - HICN or RRB, Social Security Number, Date of Birth - HICN or RRB, Date of Birth - Social Security Number, Date of Birth See also Person-Level Record Data Element Specifications: Error Return Codes.
RECORDS INVALID	The total number of invalid detail records found in the file.See also Person-Level Record Data Element Specifications: Error Return Codes.
RECORDS MATCHED	The total number of detail records that could be matched successfully to an individual on the Medicare Beneficiary Database.
RECORDS NOT MATCHED	The total number of detail records that could not be matched successfully to an individual on the Medicare Beneficiary Database. This count includes Invalid detail records because no match is attempted on an invalid detail record.
FILLER	Filler
FILLER	Filler
FILLER	Filler
VALID DUAL RECORDS	The total number of valid Dual Eligible detail records found in the file. Valid records are non-duplicate and provide valid essential information. See also Person-Level Record Data Element Specifications: Error Return Codes.
VALID DUAL MATCHES	The total number of valid Dual Eligible detail records that could be matched successfully to

	an individual on the Medicare Beneficiary Database.
VALID DUAL NONMATCHES	The total number of valid Dual Eligible detail records that could not be matched successfully to an individual on the Medicare Beneficiary Database. This count does not include detail records that were not tried in the match process i.e. invalid records.
VALID LIS RECORDS	The total number of valid Low-Income Subsidy detail records found in the file. Valid records are non-duplicate and provide valid essential information. See also Person-Level Record Data Element Specifications: Error Return Codes.
VALID CURRENT DUALS	The total number of valid Dual Eligible detail records with Eligibility Month/Year = File Create Month/Year. Valid records are non-duplicate and provide valid essential information. See also Person-Level Record Data Element Specifications: Error Return Codes.
VALID RETRO DUALS	The total number of valid Dual Eligible detail records with Eligibility Month/Year < File Create Month/Year. Valid records are non-duplicate and provide valid essential information. See also Person-Level Record Data Element Specifications: Error Return Codes.
TOTAL ELIG MONTHS	The total number of Eligibility months found in the file.
FILLER	

Month Summary Record Data Element Specifications

************************	ONE OF THESE RECORDS WILL BE GENERATED FOR EACH ELIGIBILITY MONTH FOUND IN THE FILE.
REC IDENT CODE	"MSM"
STATE CODE	**State Code – Valid Code** Alabama AL Missouri MO Alaska AK Montana MT Arizona AZ Nebraska NE Arkansas AR Nevada NV California CA New Hampshire NH Colorado CO New Jersey NJ Connecticut CT New Mexico NM Delaware DE New York NY District of North Carolina NC Columbia DC North Dakota ND Florida FL Ohio OH Georgia GA Oklahoma OK Hawaii HI Oregon OR Idaho ID Pennsylvania PA Illinois IL Rhode Island RI Indiana IN South Carolina SC Iowa IA South Dakota SD Kansas KS Tennessee TN Kentucky KY Texas TX Louisiana LA Utah UT Maine ME Vermont VT Maryland MD Virginia VA Massachusetts MA Washington WA Michigan MI West Virginia WV Minnesota MN Wisconsin WI Mississippi MS Wyoming WY
FILE PROCESS TIMESTAMP	Format: The exact time that the state file had been processed.
FILE CREATE MONTH	Month Code for Current Month – Valid Values (01 – 12)Calendar Month equals Month the file is created (e.g. January=01, December=12) Create Month of the MMA State File
FILE CREATE YEAR	Year Code for Current Year – i.e. 2006 Current Year equals Calendar Year the file is created Create Year of the MMA State File

ELIGIBILITY MONTH	Calendar Month Code for applicable Medicaid eligibility (e.g.012006) found in the MMA state file. Valid Month Values: 01 – 12 (e.g. January=01, December=12.)
ELIGIBILITY YEAR	Calendar Year Code for applicable Medicaid eligibility (e.g.012006) found in the MMA state file. Valid Month Values: 01 – 12 (e.g. January=01, December=12.)
CALCULATION SWITCH	Y = This Eligibility Month/Year was used in the state phase-down calculation. N = This Eligibility Month/Year was not used in the state phase-down calculation. Please note: Months previous to 012006 are not used in State Phase-Down Calculation.
TOTAL VALID RECORDS	The total number of valid Dual Eligible detail records found in the MMA state file for this Eligibility Month/Year. TOTAL VALID FULL DUAL RECORDS + TOTAL VALID NON-FULL DUAL RECORDS = TOTAL VALID RECORDS
TOTAL VALID FULL DUAL RECORDS	The total number of valid full dual beneficiary records.
TOTAL VALID NON-FULL DUAL RECORDS	The total number of valid non-full dual beneficiary records.
NET TOTAL VALID FULL DUAL ENROLLMENTS	The net total number of valid Full Dual Eligible enrollments counted for this Eligibility Month/Year.
NET TOTAL VALID FULL DUAL DISENROLLMENTS	The net total number of valid Full Dual Eligible disenrollments counted for this Eligibility Month/Year.
FILLER	

Trailer Record Data Element Specifications

RECORD IDENT CODE	`"TRL"`

FILE PROCESS TIMESTAMP	`Format: YYYY.MM.DD.hh.mm.ss.nnnn`
	`YYYY = Year; MM = Month; DD = Day;`
	`hh = hour; mm = minute; ss = second;`
	`nnnnnn = microsecond`
	
	`The exact time that the state file had been`
	`processed.`

FILE CREATE MONTH	`Month Code for Current Month - Valid Values`
	`(01 - 12)Calendar Month equals Month the file`
	`is created (e.g. January=01, December=12)`
	`The month in which the MMA state file was`
	`created.`

FILE CREATE YEAR	`Year Code for Current Year - i.e. 2006`
	`Current Year equals Calendar Year the file is`
	`created`
	`The year in which the MMA state file was`
	`created.`

FILE ACCEPT IND	`Y = The state file had been accepted;` `N = the state file had not been accepted.`
FILLER	
************************	**ORIGINAL STATE TRAILER RECORD (180 BYTES)**
RECORD IDENT CODE	`Identifies Record as Trailer always = "TRL"`
BENE RECORD COUNT	`Total number of records on the file`

STATE CODE	`State Code - Valid Code`
	`Alabama        AL    Missouri        MO`
	`Alaska         AK    Montana         MT`
	`Arizona        AZ    Nebraska        NE`
	`Arkansas       AR    Nevada          NV`
	`California      CA    New Hampshire   NH`
	`Colorado       CO    New Jersey      NJ`
	`Connecticut     CT    New Mexico      NM`
	`Delaware       DE    New York        NY`
	`District of          North Carolina  NC`
	`Columbia       DC    North Dakota    ND`
	`Florida        FL    Ohio            OH`
	`Georgia        GA    Oklahoma        OK`
	`Hawaii         HI    Oregon          OR`
	`Idaho          ID    Pennsylvania    PA`

| | ```
Illinois        IL    Rhode Island    RI
Indiana         IN    South Carolina  SC
Iowa            IA    South Dakota    SD
Kansas          KS    Tennessee       TN
Kentucky        KY    Texas           TX
Louisiana       LA    Utah            UT
Maine           ME    Vermont         VT
Maryland        MD    Virginia        VA
Massachusetts   MA    Washington      WA
Michigan        MI    West Virginia   WV
Minnesota       MN    Wisconsin       WI
Mississippi     MS    Wyoming         WY
``` |
CREATE MONTH	Month Code for Current Month – Valid Values (01 – 12)Calendar Month equals Month the file is created (e.g. January=01, December=12
CREATE YEAR	Year Code for Current Year – i.e. 2006 Current Year equals Calendar Year the file is created
FILLER	
*********************	REMAINDER OF RECORD
FILLER	